

Washington Metropolitan Area Transit Commission

2016 Carrier Annual Report Form

Read the accompanying instructions carefully before completing this form.

JAN 19 2016

1. CARRIER INFORMATION:

136	Virginia Coach Co.			
*WMATC No. *Name of Carrier (as shown on certificate of authority)				
14570 Purcellville Road		Purcellville	VA	20132-3602
*Street Address of Principal Place of Business	Apt./Suite	City	State	Zip
P.O. Box 883		Purcellville	VA	20134-0883
Mailing Address (if different from street address)	Apt./Suite	City	State	Zip
(703) 471-6422		(540) 668-9006	debbie@virginiacoach.com	
*Telephone	Other Telephone	Fax	E-mail	

2. OTHER PASSENGER CARRIER AUTHORITY (if applicable, list carrier/permit number):

USDOT No.	DCTC No.	Virginia DMV passenger carrier No.	Maryland PSC No.
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3. CARRIER CONTACT PERSON (at mailing address to whom we should direct inquiries):

Ms. Debra K. Owings	Corp Secretary
*Name	*Title
(540) 668-6233	(540) 668-9006 debbie@virginiacoach.com
*Telephone	Other Telephone Fax E-mail

4. REGISTERED AGENT INSIDE THE METROPOLITAN DISTRICT FOR SERVICE OF PROCESS

*Complete section 4 only if the principal place of business in section 1 is outside the Metropolitan District. The Metropolitan District includes the District of Columbia, Prince George's Co., Montgomery Co., Alexandria, Arlington, Fairfax, Falls Church, and Dulles Airport. For a full description, see www.wmatc.gov.

Danielle Staundt	(703) 838-2929
Name of Registered Agent for Service of Process	Telephone E-mail
113 S. West Street	Alexandria VA 22314-2824
Agent Address (must be inside Metropolitan District)	Apt./Suite City State Zip

5. ***CHANGES:** Describe any merger, consolidation or other change in management, ownership, control, or form of organization that occurred after the previous year's annual report was filed, or if not applicable, after the carrier's certificate of authority was issued. If no changes are entered below, the carrier certifies that no such changes have occurred.

NONE

6. ***LIST OF REVENUE VEHICLES USED IN WMATC OPERATIONS:** (1) list your vehicles below or (2) attach a complete vehicle list to both pages of this form. If you have more than 10 vehicles in your fleet, you must use option 2. Include **all** required information.

Fleet No. If applicable	*Model Year	*Make	*Vehicle VIN (17 digits)	*License Plate Number	*State Registered	*Seating Capacity	Wheelchair Lift or Ramp Yes/No
			"See attached"				

7. ***CERTIFICATION:**

I certify that this report, including any attachments, was prepared by me or under my supervision, that I have examined it, and that the information contained in it is true, correct, and complete as of this date.

DEBRA K. OWINGS

*Name (type or print)

ASST MGR

*Title (not required for sole proprietors)

Debra K. Owings

*Signature

1/13/16

*Date

VIRGINIA COACH CO.
P.O. BOX 883
PURCELLVILLE, VA 20134

INVENTORY LIST OF ALL EQUIPMENT OWNED AS OF JANUARY 1, 2016

<u>Company</u> <u>Vehicle No.</u>	<u>Description</u>	<u>Serial Number</u>	<u>Year</u> <u>Built</u>	<u>Seating</u> <u>Capacity</u>	<u>Leased/</u> <u>Owned</u>	<u>License</u> <u>Number</u>	<u>State</u> <u>Reg.</u>	<u>lift</u> <u>yes/no</u>
9815	Bus,MCI-102DL	1M8PDMTA8WP050130	1998	57	Owned	61056 P	VA	no
2118	BUS,MCI DL3	1M8PDMPA41P053397 ✓	2001	55	OWNED	61070 P	VA	no
2119	BUS,MCI DL3	1M8PDMPA81P053399 ✓	2001	55	OWNED	60554 P	VA	no
2721	BUS,MCI J4500	2M93JMPA17W064207 ✓	2007	56	OWNED	59656 P	VA	no
2722	BUS,MCI J4500	2M93JMPA37W064208 ✓	2007	56	OWNED	59657 P	VA	yes
2923	BUS,GCA 3035RE	4UZACSDT99CAF9565 ✓	2009	39	OWNED	61094P	VA	no
2924	BUS,GCA 3035RE	4UZACSDT38CAJ9758 ✓	2009	39	OWNED	E36-806	VA	yes

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